

**Application Data Sheet****Application Information**

Application Type::	Regular
Subject Matter::	Utility
Title::	METHOD OF TREATING COGNITIVE DECLINE DUE TO SLEEP DEPRIVATION AND STRESS
Attorney Docket Number::	C21-074US
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	3
Small Entity?::	Yes
Petition Included?::	No
Secrecy Order in Parent Application?::	No

**Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Sam
Middle Name::	A
Family Name::	DEADWYLER
City of Residence::	Winston-Salem
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	2766 Edinberg Dr.

City of mailing address:: Winston-Salem  
State or Province of Mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27103

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Robert  
Middle Name:: E.  
Family Name:: HAMPSON  
City of Residence:: Kernersville  
State or Province of Residence:: NC  
Country of Residence:: US  
Street of mailing address:: 909 George Place Dr.  
City of mailing address:: Kernersville  
State or Province of mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27284

### **Applicant Information**

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Linda

Middle Name::	J.
Family Name::	PORRINO
City of Residence::	Winston-Salem
State or Province of Residence::	NC
Country of Residence::	US
Street of mailing address::	608 Alpine Dr.
City of mailing address::	Winston-Salem
State or Province of mailing address::	NC
Postal or Zip Code of mailing address::	27104

### **Applicant Information**

Applicant Authority type::	Inventor
Primary Citizenship Country::	United States of America
Status::	Full Capacity
Given Name::	Gary
Middle Name::	A.
Family Name::	ROGERS
City of Residence::	Laguna Beach
State or Province of Residence::	CA
Country of Residence::	US
Street of mailing address::	28821 Shady Lane
City of mailing address::	Laguna Beach
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	92651

## Applicant Information

Applicant Authority type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Middle Name:: S.  
Family Name:: LYNCH  
City of Residence:: Irvine  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of mailing address:: 4 Gibbs Court  
City of mailing address:: Irvine  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92715

## Representative Information

Representative Customer Number::	28156	
----------------------------------	-------	--

## Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/000706	01/13/04
PCT/US2004/000706	An application claiming the benefit under 35 USC 119(e) of	60/439,735	01/13/03

## Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
WIPO	WO 2004/062616	01/13/2004	Yes

## Assignment Information

Assignee name:: Cortex Pharmaceuticals, Inc.  
Street of mailing address:: 15241 Barranca Parkway  
City of mailing address:: IRVINE  
State or Province of Mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 92618

## Assignment Information

Assignee name:: Wake Forest University Health Sciences  
Street of mailing address:: Medical Center Boulevard  
City of mailing address:: Winston-Salem  
State or Province of Mailing address:: NC  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 27157

## Assignment Information

Assignee name:: The Regents of the University of California  
Street of mailing address:: 1111 Franklin Street, 12<sup>th</sup> Floor  
City of mailing address:: Oakland

State or Province of Mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94607-5200

## Correspondence Information

Name::	Henry D. Coleman
Street of mailing address::	714 Colorado Avenue
City of mailing address::	Bridgeport
State or Province of mailing address::	Connecticut
Country of mailing address::	US
Postal or Zip Code of mailing address::	06605-1601
Phone Number::	(203) 366-3560
Fax Number::	(203) 335-6899
E-Mail Address::	cosud@erols.com